

UTAH STATE DEVELOPMENTAL CENTER

Notice of Privacy Practices

~ This notice is effective April 14, 2003 ~

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

YOUR HEALTH CARE INFORMATION IS PRIVATE

Federal law requires us to keep your "protected health information" (PHI) private. Protected health information is information that relates to your physical or mental health and which identifies you, such as the health care we provide to you, your medical condition, or payment for your health care.

NOTICE

You have a right to know how we use and disclose your protected health information. We will use and disclose your protected health information only in the manner described in this notice.

OUR PRIVACY PRACTICES MAY CHANGE

We reserve the right to change our privacy practices and to make the changes apply for all health information that we have about you. If changes are made, a revised notice will be posted and copies will be available to you upon request. You may get a copy of the current notice from our Privacy Officer, Utah State Developmental Center Records Department Office, room 104, (801) 763-4028 / 763-4078.

WHO CAN USE OR SEE YOUR HEALTH CARE INFORMATION?

We use your health information to provide you with treatment. For example, therapists, social workers, doctors, nurses, and other health care providers may share information about you in order to provide you with the best possible treatment. The law also allows us to share your health information with insurance companies and others in order to obtain authorization, payment, or to pay for your health care. For example, bills for payment will identify you and may include your diagnosis, doctor's name, or the services you received. We also use protected health information for our business activities or "health care operations", such as conducting quality assessments, evaluations, and our management and administrative activities. We may contact you to remind you of appointments or to provide you with other information. **The law does not require us to obtain your permission to use or disclose your protected health information for treatment, payment, or operations (TPO).**

SOME DISCLOSURES ARE PERMITTED BY LAW

We may disclose your protected health information without your permission when authorized by law. For example, we may disclose your protected health information to prevent or lessen a serious threat to health or safety; to prevent the spread of communicable diseases; to monitor drugs or illnesses; to health oversight agencies who are conducting audits, inspections, or investigations such as investigating insurance fraud; to coroners or medical examiners; to research organizations; and for certain government functions such as military and national security activities.

**SOME DISCLOSURES
ARE REQUIRED BY
LAW**

We will disclose your protected health information without your permission when Utah or Federal law requires us to do so. For example, some injuries must be reported to the police, and disclosures must be made to organ transplant organizations. Suspected cases of abuse, neglect or domestic violence must also be reported. We will disclose your protected health information when required by a valid court order or subpoena.

**YOUR RIGHT TO LIMIT
THE USE AND
DISCLOSURE OF YOUR
PROTECTED HEALTH
INFORMATION**

You may ask us to restrict the use or disclosure of your protected health information for treatment, payment or operations. We will consider your request, but are not required to agree to your request. If we do agree to your request, then we will honor it unless disclosure of your protected health information is necessary to provide you with emergency treatment. You may cancel a restriction at any time. We may also cancel a restriction at any time. If we cancel a restriction, we will notify you and we will continue to apply the restriction to information collected before the cancellation.

**YOUR RIGHT TO
CONFIDENTIAL
COMMUNICATION**

You may provide us with a specific telephone number or address to use to communicate with you privately.

**YOUR RIGHT TO
INSPECT AND COPY
YOUR PROTECTED
HEALTH INFORMATION**

You may see and get a copy of your protected health information, including medical and billing records. You must request this information in writing to the Privacy Officer, Utah State Developmental Center Records Department, by using the Access to Records Request Form. The Form is available in the USDC Records Department and/or the Rose Building Forms area. You will receive a response from us within 30 days. Under limited circumstances, we may deny you access to a portion of your health information and give you a written explanation of our reasons. You may request a review of the denial in writing. We may charge you a fee for the cost of copies, summaries of your protected health information, or postage.

**YOUR RIGHT TO
AMEND YOUR
PROTECTED HEALTH
INFORMATION**

You may request that we amend your protected health information. You must make your request in writing to the Privacy Officer, Utah State Developmental Center Records Department, and provide a reason for your request. If we deny your request, we will give you a written explanation of our reasons within 60 days. You may then submit a written statement disagreeing with our denial. Your statement may not be longer than 4 pages. You may file a complaint, as described at the end of this notice. Your amendments or statements may be shared when your protected health information is disclosed or at your request.

**YOUR RIGHT TO KNOW
WHAT DISCLOSURES
WE HAVE MADE**

You may request a detailed list of our disclosures of your protected health information. Your written request must state the period of time you want included, which must be within the 6 years immediately prior to your request. We are not required to include all disclosures. For example, disclosures to you or for treatment, payment or operations need not be included in the list of disclosures. We are not required to include disclosures made before April 14, 2003. We will respond within 60 days of receiving your request. Your first request in any 12 month period will be provided free of charge, but additional requests in any 12 month period may result in a fee.

**YOUR PERMISSION IS
REQUIRED FOR SOME
DISCLOSURES**

Your written permission is required before we can disclose your protected health information for any reason not otherwise described in this Notice, such as marketing or disclosures to specific people or groups of people. Your written permission is required before we disclose substance abuse treatment records. You may ask to have your protected health information provided to people that you identify. Your permission is given on an authorization form, which you may obtain from the Privacy Officer, Utah State Developmental Center Records Department at (801)763-4028 / 763-4078. You may revoke your permission for us to disclose your protected health information at any time, in writing.

**WHAT PROTECTED
HEALTH INFORMATION
WILL MY FAMILY BE
TOLD?**

We may disclose protected health information to your family, close friends, or people you identify as being involved in your care if the information is relevant to your care or payment for your care. We may release information about your location or death. You may ask us not to release this information, and we will honor your request unless disclosure of your protected health information is necessary to provide you with emergency treatment.

**WHAT WILL MY
VISITORS BE TOLD?**

We maintain a directory of individuals who reside at the Utah State Developmental Center. This directory may include your name, location, and your religious affiliation. We may disclose this information to members of the clergy. We may disclose your name and condition to visitors who ask for you by name. If you ask us to restrict these disclosures, we will honor your request.

**IF YOU BELIEVE YOUR
PRIVACY RIGHTS HAVE
BEEN VIOLATED**

If you believe we have violated your privacy rights, you may file a complaint with our Privacy Officer located in room 104 in the Heather Building, Records Department, (801) 763-4028 / 763-4078, Utah State Developmental Center, 895 North 900 East, American Fork, UT 84003; or with the U.S. Department of Health and Human Services, 1961 Stout Street–Room 1185 FOB, Denver, CO, 80294-3538, Voice Phone: (303)844-2024, Fax: (303) 844-2025, TDD: (303)844-3439, e-mail: OCRComplaint@hhs.gov. If you file a complaint, we will not retaliate against you.

